



Attorney's Docket No. 4068.P002X

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Patent Application of:)
Busey, et al.)
Application No.: 08/768,606)
Filed: December 18, 1996)
For: METHOD AND APPARATUS)
FOR EMBEDDING CHAT)
FUNCTIONS IN A WEB PAGE)

Examiner: Kindred, A.
Art Unit: 2172

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OCT 31 2003

Technology Center 2100

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

INFORMATION DISCLOSURE STATEMENT

Sir:

Enclosed is a copy of Information Disclosure Citation Form PTO-1449 or PTO/SB/08 together with copies of the documents cited on that form. It is respectfully requested that the cited documents be considered and that the enclosed copy of Information Disclosure Citation Form PTO-1449 or PTO/SB/08 be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s).

FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

on 10-21-03

Carla Vignola

Name of Person Mailing Correspondence

Date of Deposit

10-21-03

Date

Signature

10/29/2003 LUONDIMI 00000070 09768606

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Pursuant to 37 C.F.R. § 1.97, the submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made and is not to be construed as an admission that the information cited in this statement is material to patentability.

Pursuant to 37 C.F.R. § 1.97, this Information Disclosure Statement is being submitted under one of the following (as indicated by an "X" to the left of the appropriate paragraph):

37 C.F.R. §1.97(b).

37 C.F.R. §1.97(c). If so, then enclosed with this Information Disclosure Statement is one of the following:

A statement pursuant to 37 C.F.R. §1.97(e) or

A check for \$180.00 for the fee under 37 C.F.R. § 1.17(p).

37 C.F.R. §1.97(d). If so, then enclosed with this Information Disclosure Statement are the following:

- (1) A statement pursuant to 37 C.F.R. §1.97(e); and
- (2) A check for \$180.00 for the fee under 37 C.F.R. §1.17(p) for submission of the Information Disclosure Statement.

If there are any additional charges, please charge Deposit Account No. 02-2666.

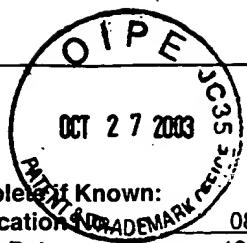
Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Dated: 10-21-03


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FEE TRANSMITTAL FOR FY 2004

(FY 2004 Begins 10/01/2003)

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known:

Application No. 08/768,606
 Filing Date 12-18-96
 First Named Inventor Busey, et al.
 Examiner Name Kindred, A.
 Art Unit 2172
 Attorney Docket No. 4068.P002X

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Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account Number : 02-2666

Deposit Account Name: _____

The Director is Authorized to do the following with respect to the above-identified Deposit Account:

Charge fee(s) indicated below.

Credit any overpayments.

Charge any additional fees during the pendency of this application.

Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Charge fee(s) indicated below except for the filing fee.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee	
Code	Fee	Code	
1001	770	2001	Utility application filing fee
1002	340	2002	Design application filing fee
1003	530	2003	Plant filing fee
1004	770	2004	Reissue filing fee
1005	160	2005	Provisional application filing fee

SUBTOTAL (1) \$ 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims	Fee from below	Fee Paid
Total Claims <u>- 20**</u> = _____	X	= _____
Independent Claims <u>- 3**</u> = _____	X	= _____
Multiple Dependent		= _____

**Or number previously paid, if greater; For Reissues, see below.

Large Entity	Small Entity	Fee Description	
Fee	Fee	Fee	
Code	Fee	Code	
1202	18	2202	Claims in excess of 20
1201	86	2201	Independent claims in excess of 3
1203	290	2203	Multiple dependent claim, if not paid
1204	86	2204	**Reissue independent claims over original patent
1205	18	2205	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0

FEE CALCULATION (continued)**RECEIVED**

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3. ADDITIONAL FEES

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee	Fee	Fee	
Code	(\$)	Code	(\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1814	110	2814	55
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,330	1454	1,330

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) \$ 180.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: Saina S. ShamilovSignature: SJ Date: 10-21-03Reg. Number: 48,266 Telephone Number: (408) 720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450